## Infection Control Risk Assessment (ICRA) during Construction and Renovation<sup>1</sup>

This matrix is to be used to set guidelines on the appropriate infection prevention and control procedures required for the type of activity depending on where the activity will occur. The Infection Prevention and Control representative may add or omit requirements specific to a project. Recommended barriers are to be installed before construction begins.

## **Step 1: Identify the Type of Construction Activity Planned:**

Type A	Inspection and Non-invasive activities.
	Includes but is not limited to removal of ceiling tiles for visual inspection (limited to 1 tile per 50 square feet), painting, wall covering, electrical trim work, minor plumbing and activities that do not generate dust or require cutting of walls.
Type B	Small scale, short duration activities that create minimal dust.
	Includes but is not limited to installation of telephone and computer cables, access to chase spaces, cutting of walls or ceiling where dust migration can be easily controlled at the source.
Type C	Any work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies.
	Includes but is not limited to sanding walls, for painting or wall coverings, removing floor coverings, ceiling tiles and millwork, new wall construction, minor ductwork or electrical work above ceilings, major cabling activities and any activity that cannot be completed within a single work shift within the set containment.
Type D	Major demolition and construction projects
	Includes but is not limited to activities that require consecutive work shifts, heavy demolition or removal of a complete ceiling system and new construction.

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<sup>&</sup>lt;sup>1</sup> Matrix modified from Bartley J. Infection Control Issues in Construction and Renovation Toolkit. Association for Professionals in Infection Control and Epidemiology, Inc. 2007; 89-91.

Step 2: Determine <u>Risk Group</u> Impacted by the Proposed Construction Activity:

Lowest Risk	Medium Risk	High Risk	Highest Risk
Office areas     Engineering     Environmental     Services	All patient care units not listed in Groups 3 or 4.     Rehabilitation     Cardiac rehab     Radiology/MRI     Outpatient Services     Cafeteria- nonfood prep area	<ol> <li>Emergency</li> <li>Post-anesthesia Recovery Units</li> <li>Labor &amp; Delivery</li> <li>Newborn Nurseries</li> <li>Nuclear medicine</li> <li>Echocardiography</li> <li>Central Supply</li> <li>Pediatrics, inpatient</li> <li>Laboratory</li> <li>Endoscopy</li> <li>Cafeteria food prep area</li> <li>Anesthesia work rooms</li> </ol>	Operating rooms, including C-section     Cardiac Catheterization     Intensive Care Units     Oncology     Infusion/Radiation Therapy     Pharmacy admixture     Dialysis, inpatient     Sterile Processing     Any area caring for immunocompromised patients

Step 3: Assign a <u>Class</u> Based on Prior Assessments:

Risk Level	Construction Activity			
	Type 'A'	Type 'B'	Type 'C'	Type 'D'
Lowest Risk	Class 1	Class 2	Class 2	Class 3/4
Medium Risk	Class 1	Class 2	Class 3	Class 4
High Risk	Class 1	Class 2	Class 3/4	Class 4
Highest Risk	Class 2	Class 3/4	Class 3/4	Class 4

Step 4: Identify any areas surrounding the project area, assessing the potential Impact:

Dept. Above	Dept. Below	Lateral	Lateral	Behind	Front
Risk Group	Risk Group	Risk Group	Risk Group	Risk Group	Risk Group

Step 5: Review traffic flow and debris control (how and when), Are hand washing sinks going to be blocked or shut off. Is an ILSM needed?

☐ Yes ☐	□ No
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Step 6: Execute Requirements for Construction Procedures Based on Classification Assignment. Copy the form on the next two pages and complete. Completed forms should be forwarded to Infection Prevention and Control and Planning and Construction or Facilities Management Project Managers for department files.

## **Infection Control Construction Permit**

Project Name:		Project Number:			
MOP Number: Project Manager: Location of Construction: Contractor Performing Work:		eMac Number: Project Start Date:			
					Esti
		Pern	nit Ex	piration Date:	
		Construction Sup	pervisor:	Tele	phon
YES NO	CONSTRUCTION ACTIVITY	YES	NO	INFECTION CONTROL RISK GROUP	
	TYPE A: Inspection, non-invasive activity			GROUP : Least Risk	
	TYPE B: Small scale, short duration, moderate to high levels			GROUP : Medium Risk	
	TYPE C: Activity generates moderate to high levels of dust, requires greater than 1 work shift for completion			GROUP : High Risk	
	TYPE D: Major duration and construction activities requiring consecutive work shifts			GROUP : Highest Risk	
CLASS 1  Date:  Initial:	<ul> <li>A. Minimize raising dust from construction operations.</li> <li>B. Doors within the travel path of construction activity shall be kept closed.</li> <li>C. Immediately replace any ceiling tile displaced during visual inspection.</li> <li>D. Immediately clean any dust that may have</li> </ul>	6 8 F F. E	or presonation prevenued by the second prevenued by th	suspected of water damage, past ent should be sprayed with copper blinolate or equivalent and Infection tion notified.  g Materials will remain dry and will arded if cannot be completely 48 hours.	
CLASS 2 Date:	<ul> <li>A. Provide active means of preventing airborne dust from dispersing into atmosphere.</li> <li>B. Seal un-used doors with duct tape or Long Mask tape.</li> <li>C. Block off and seal air vents.</li> <li>D. Remove or isolate HVAC system in areas where work is being performed.</li> <li>E. Outside exhaust locations must be 30 feet from air intake locations unless otherwise noted.</li> <li>F. Lightly mist debris and contain construction waste before transport in tightly covered containers. Debris should be removed daily. Do not board elevators</li> </ul>	G. V H. V f I. V J. F C t f K. A	Vater-inwhile cover modified with the cover and the cover	mist work surfaces to control dust cutting. op and/or vacuum with HEPA – vacuum before leaving area. Il surfaces with hospital-approved	

CLASS 3 Date:	<ul> <li>A. Obtain Infection Control approval before construction begins.</li> <li>B. All items in previous class (es) must also be performed.</li> <li>C. Construct physical barrier with anteroom if possible before construction begins.</li> <li>D. Seal holes, pipes, conduits and punctures appropriately.</li> <li>E. Maintain negative air pressure @ minimum .03 inches water gauge within work site using HEPA-filtered air filtration units.</li> <li>F. Attach 24/7 auto dialer monitoring to system and provide emergency power.</li> </ul>	<ul> <li>J. Lightly mist debris and contain construction waste in tightly covered containers. Debris should be removed daily, or more frequently, if necessary. Do not board elevators containing patients when removing wastes.</li> <li>K. Cover transport receptacles or carts.</li> <li>L. Wet mop or wipe down area immediately adjacent to the construction area and just inside, with owner-approved disinfectant daily.</li> <li>M. Do not remove construction barriers until project is thoroughly cleaned by Environmental Services.</li> </ul>
Initial:	<ul> <li>G. Personnel clothing leaving work site should be free of loose soil and debris.</li> <li>(2) 2'x4' adhesive mats should also be used.</li> <li>H. Tools and carts are to be damp wiped before leaving the construction area.</li> <li>I. Vacuum work area with HEPA-filtered vacuums daily. Filters are to be sealed in bags for site removal.</li> </ul>	<ul> <li>N. Clean air ducts and filters in construction area prior to removing construction barrier.</li> <li>O. Barriers will be cleaned before removal and upon completion of the project with the approval of the Facilities Management Project Manager.</li> <li>P. Remove barriers carefully to minimize spreading dirt and debris.</li> </ul>
CLASS 4 Date: Initial:	<ul> <li>A. Obtain Infection Control approval before construction begins.</li> <li>B. All items in previous class (es) must also be performed.</li> <li>C. Construct anteroom and require personnel to pass through this room so they can be vacuumed using a HEPA-filtered vacuum before leaving work site or wear cloth or paper coveralls that are removed each time they leave the work site.</li> <li>D. Isolate HVAC system in area where work is being performed to prevent contamination of duct system</li> <li>E. Seal holes, pipes, conduits, and punctures appropriately.</li> </ul>	<ul> <li>F. Maintain negative air pressure @ minimum .03 inches water gauge within work site using HEPA-filtered air filtration units.</li> <li>G. Place adhesive walk off mats at entrance to work area within anteroom.</li> <li>H. All personnel entering/exiting the work site are required to wear shoes covers. Shoe covers must be changed each time the worker exits the work area.</li> <li>I. If work is in or adjacent to a critical area where airflow, temperature, and humidity levels must remain stable they will be monitored to maintain minimum required levels and necessary actions taken documented.</li> </ul>
Additional Requirem	nents:	
Date: Initials: Permit Request By:		Exceptions/Additions to this permit are noted by attached Memoranda  Permit Authorized By:
Date:		Date: